

Ruben J. King-Shaw Jr.
Senior Advisor to the Secretary of the Treasury for Health Insurance Initiatives
Department of the Treasury
1500 Penn. Ave. NW
Rm. 3413
Washington, DC 20220

Dear Mr. King-Shaw Jr.:

Below are the details regarding the qualified health insurance options the state of <State name> has chosen to make available to eligible participants under the tax credit:

- a. State official responsible for implementing this decision:

Name: _____
Title: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone Number: _____

- b. Option number (*enter option 2-8*): _____
c. Name of the option: _____
d. Policy number or unique identifier of the option: _____
e. Name and telephone number for the plan administrator or insurance carrier official who can provide additional information:

Name: _____
Telephone Number: _____

- f. Certify that the following four requirements met for each plan under this option.
(Please enter a response of either "**Yes**" or "**No**" on the lines provided):
- i. Guaranteed issue: Qualifying individuals must be guaranteed enrollment regardless of their medical status and must be permitted to remain enrolled so long as they pay the premium: _____

- ii. No pre-existing condition restrictions: No pre-existing condition restriction may be imposed on qualifying individual: _____
- iii. Nondiscriminatory premium: The premium charged for a qualifying individual may not be greater than the premium for a similarly situated person who is not receiving the credit: _____
- iv. Benefits are the same (or substantially the same) under coverage provided to similarly situated individuals who are not qualifying individuals: _____

If you or any of your staff have any questions, please contact the following individual:

Name: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Sincerely,